



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E466212**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	<b>15-02435</b>
LOCAL AGENCY CODING	
TOTAL # OF UNITS	<b>02</b>
OBJECT STRUCK	

DATE OF COLLISION	<b>09</b>	<b>28</b>	<b>2015</b>	TIME (2400)	<b>1620</b>	COUNTY #	<b>31</b>	MILES	<b>N</b>	<b>E</b>	<b>IN</b>	<b>OF</b>	<b>0664</b>
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

**91ST AVE SE** BLOCK NO. ☒ **700**

MILE POST ☐

DISTANCE ☐ MILES ☐ N ☐ E ☐ S ☐ W **7TH STREET SE**

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE

LAST NAME **JOHNSON** FIRST NAME **LORI** MIDDLE INITIAL **M**

STREET NEW ADDRESS **411 E LAKE STEVENS RD**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **JOHNSLM403QH** STATE **WA** SEX **F** D.O.B. **11** **08** **1960**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **AVD8618** STATE **WA** VIN# **WDDKJ5GB7BF103836**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2011** MAKE **MERZ** MODEL **E350** STYLE **CP** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **WILLIAM JOHNSON 411 E LAKE STEVENS RD LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **FARMERS 190099954**

VEHICLE LEGALITY ☐ CITATION # ☐ CHARGE ☐

UNIT 02 MOTOR VEHICLE ☐ PEDAL-CYCLE ☒ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE **D: 4259310579**

LAST NAME **ALTAMIRANO** FIRST NAME **JAKE** MIDDLE INITIAL ☐

STREET NEW ADDRESS **1226 93RD AVE SE**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # ☐ STATE ☐ SEX **M** D.O.B. **02** **20** **1999**

ON DUTY ☐ STATUS **1** AIRBAG ☐ RESTR. ☐ EJECT **2** HELMET USE **2** INJURY CLASS **6** NATURE OF INJURIES **RIGHT KNEE-POSSIBLE RIBS ON RIGHT SIDE**

LICENSE PLATE # ☐ STATE ☐ VIN# ☐

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR ☐ MAKE ☐ MODEL ☐ STYLE ☐ VEHICLE TOWED YES ☐ NO ☐ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO. ☐

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # ☐

VEHICLE LEGALITY ☐ CITATION # ☐ CHARGE ☐

OFFICER'S NAME (PRINT) **W. AUKERMAN** BADGE OR ID # **0072** AGENCY **WA0311900**



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E466212**

CASE # **15-02435**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>BOATWRIGHT VICTORIA L</b>													
ADDRESS & PHONE # <b>9019 12TH PL SE LAKE STEVENS WA 98258 4253351718</b>												SEX <b>F</b>	D.O.B. MMDDYYYY <b>05</b>	- <b>19</b> - <b>1946</b>	
PASSENGER <input type="checkbox"/>	WITNESS <input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #												SEX	D.O.B. MMDDYYYY	- -	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #												SEX	D.O.B. MMDDYYYY	- -	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Please see subsequent narrative pages

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

<b>W. AUKERMAN</b>		<b>09-29-15 07:24 AM</b>					
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	DATED	PLACE SIGNED			
APPROVED BY <b>ROBERT MINER 0095</b>			DATE <b>9/30/2015 2:40:34 AM</b>				
BADGE OR ID #	<b>0072</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>4:21 PM</b>	TIME POLICE ARRIVED	<b>4:24 PM</b>

## NARRATIVE

On 09/28/2015 at about 1621 hours (all times approximate) I was dispatched to a car vs. bicyclist collision at the intersection of 7th Street SE and 91st Ave SE in the city of Lake Stevens.

Arriving on scene I noted a white in color passenger car on the northbound shoulder of 91st Ave SE, just north of 7th Street SE, a red in color passenger car into the grassy shoulder/ditch of southbound 91st Ave just north of 7th Street and two adult females with a juvenile male and a bicycle just south of 7th Street SE about 80 feet.

I contacted the group around the bicycle and was informed the white in color passenger car and the bicycle had collided at the intersection of 7th Street SE and 91st Ave SE. The driver of the vehicle involved stated the juvenile male on the bicycle initially did not want to stay at the scene and was followed to this location where the juvenile male had finally stopped to wait.

I noted the juvenile bicyclist was wearing a dark shirt and dark pants with the logo DQ; going home from work he stated. The bicycle was green in color and the juvenile did not have a bicycle helmet. Based on evidence and statements made at the scene it is found that U1 was on westbound 7th Place at 91st Ave SE (a posted stop intersection for traffic on 7th Street SE) and that the bicycle had been traveling southbound, in a pedestrian/bicycle lane on the east side of 91st Ave SE. North and southbound traffic at 91st Ave (cross traffic) does not have to stop at the intersection. U1 was making a right turn onto 91st Ave from 7th Street SE when the vehicle and bicycle collided at the intersection (vehicle contact at the front passenger portion of the vehicle with the bicycle).

Since the driver of U1 was making a right turn from a stop sign where approaching traffic does not have to stop from the left, I asked the driver if she had looked to her right (the direction which the bicycle had been approaching from). The driver of U1 stated she did not recall if she had looked to her right or not before she began to move onto 91st Ave (moving into the path of the approaching bicycle). The juvenile rider of the bicycle did not indicate if he had observed and/or had time to react to the hazard he was approaching.

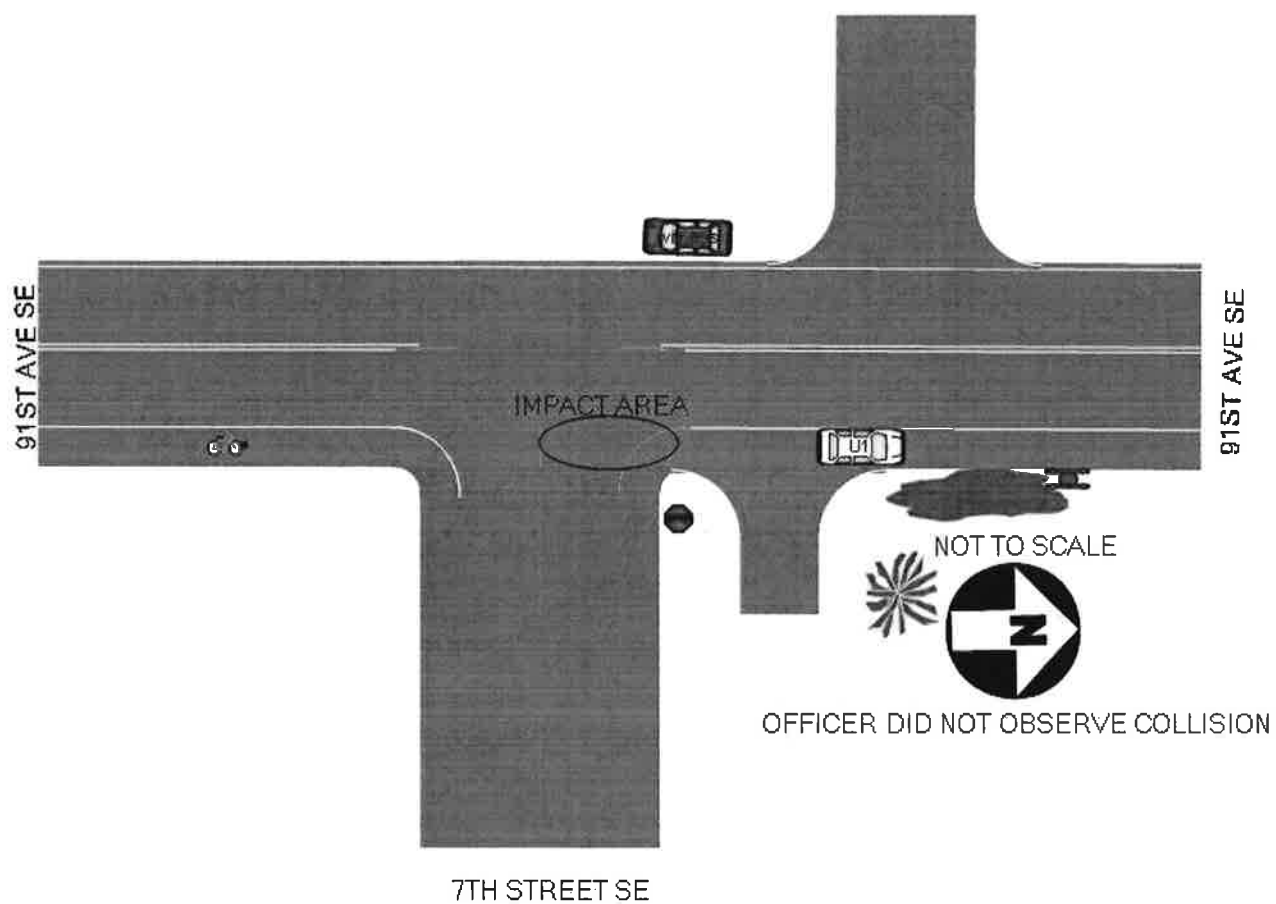
The driver of U1 was offered an opportunity to write a statement and declined at the time of the collision.

The driver was shaken up and claimed no injury. The juvenile bicycle rider had a torn pair of pants around his right knee and the two females involved (driver/witness) stated they had seen the juvenile male holding his ribs on his right side.

Aid arrived on scene and I called the juvenile's mother. The juvenile claimed to be fine and aid personnel stated the juvenile male seemed to be fine. Based on the information provided to the juvenile male's mother, the juvenile's mother declined having her son transported to the hospital by an aid car. Sgt. Brooks transported the juvenile male and bicycle home from the scene.

I provided both parties with my business card and case number.

Witness Boatwright stated she had heard a noise and saw a bicyclist and car had crashed. The bicyclist and bike was on the right side top of car bumper. The bicyclist rolled off the car and the car stopped.



# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Victoria L. Bonaright	RACE W	ETH	SEX F	DOB 5-19-84	AGE 31	HGT 5'10"	WGT 160	HAIR Brn	EYES Brn
STREET ADDRESS 9019 12th Pkwy SE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 425-335-1718		CELL PHONE 425-435-0184		PLACE OF EMPLOYMENT Mukilteo School Ds						
WORK PHONE		EMAIL ADDRESS								

I, \_\_\_\_\_, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY : (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was heading S on 91st And heard a noise And saw a Bicyclist and car had crashed. Bicyclist <sup>and bike</sup> were on Rt side top of car bumper. Bicyclist rolled off car. Car stopped.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Victoria L. Bonaright	DATE SIGNED 9/28/15	LOCATION SIGNED
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE \_\_\_ OF \_\_\_







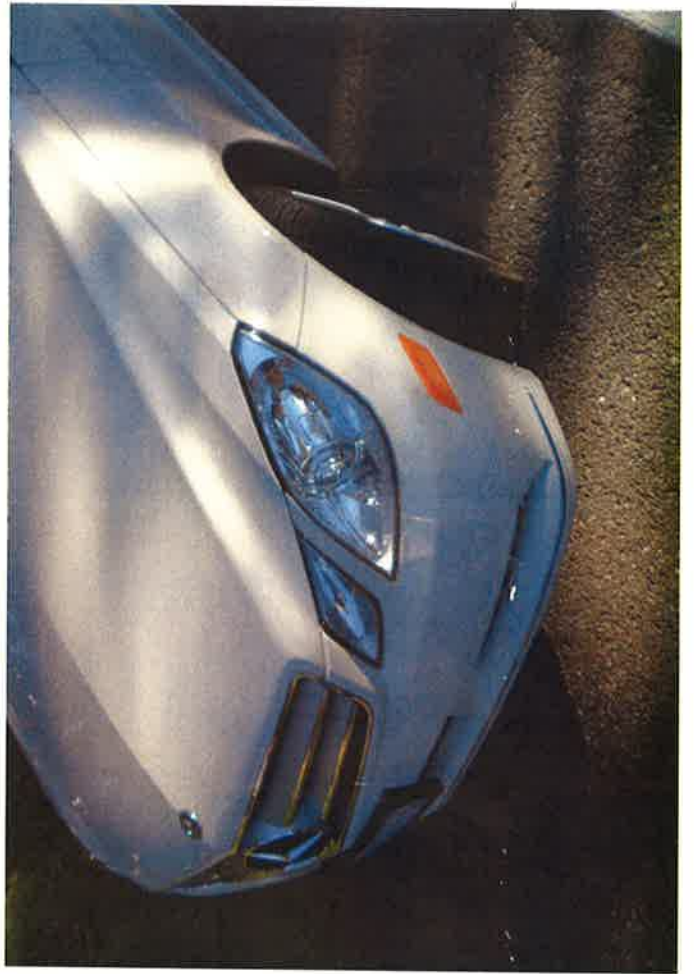








































## EXCHANGE OF INFORMATION

OFFICER NAME: W. AUKERMAN #0072

AGENCY: LAKE STEVENS PD

COLLISION: 09/28/15 04:20 PM

DISPATCH: 09/28/15 04:21 PM

ARRIVAL: 09/28/15 04:24 PM

CA SE#: 15-02435

LOCATION: 91ST AVE SE BN:700

AT 7TH STREET SE

## NARRATIVE/NOTES

UNIT 1	MOTOR VEHICLE -	2011 E350 PLATE: AVD8618 (WA)	TOWED BY:
DRIVER: LORI M JOHNSON		VEH OWNER: WILLIAM E JOHNSON	
ADDRESS: 411 E LAKE STEVENS RD LAKE STEVENS, WA 98258		ADDRESS: 411 E LAKE STEVENS RD LAKE STEVENS, WA 98258	
DL #: JOHNSLM403QH		STATE: WA	
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY: FARMERS		INSURED BY: FARMERS	
POLICY #: 190099954		POLICY #: 190099954	
UNIT 2: PEDALCYCLIST			
NAME: JAKE ALTAMIRANO		VEH OWNER:	
ADDRESS: 1226 93RD AVE SE LAKE STEVENS, WA 98258		ADDRESS:	
DL #:		STATE:	
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY:		INSURED BY:	
POLICY #:		POLICY #:	
UNIT 3: WITNESS			
NAME: VICTORIA L BOATWRIGHT		VEH OWNER:	
ADDRESS: 9019 12TH PL SE LAKE STEVENS, WA 98258		ADDRESS:	
DL #:		STATE:	
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY:		INSURED BY:	
POLICY #:		POLICY #:	



Incident History for: #SS15019577 Xref: #AG15003041

Initial Type: COL Initial Alarm Level: Final Alarm Level:  
Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H  
Police BLK: SS003 Fire BLK: AG1418 Map Page: 397E-2 Group: SS1 Beat: SOUT  
Src: T  
Loc: 7 ST SE/91 AV SE , LKS (V)  
Latitude: (+) 47.990363 Longitude: (-) 122.108574

Loc Info:  
Name: JOHNSON, LORI      Addr:      Phone: 4255306443

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/1621 (SP0323) ENTRY          ,VEH VS 16 YOM ON A BICYCLE, MALE IS UP, POSS SP
              ECIAL NEEDS
/1621 (SP0274) AGCADV          ,BOLO
/1621          DISPER 19D2  #SS72  AUKERMAN,OFFICER (WAYNE)
/1622 (SP0323) SUPP           NAM: JOHNSON, LORI,
              TXT: HE SAID HE WAN'T INJURED, RP WANTS HIM CHEC
              KED OUT
/1622 (SP0274) ASSTER 19D1  [7 ST SE/91 AV SE ,LKS]
              #SS112  WARBIS,OFFICER (STEVE)
/1622          CROSS          #AG15003041
/1622          ASSTER 19S10 [7 ST SE/91 AV SE ,LKS]
              #SS13  BROOKS,SGT (RON)
/1623 (SP0323) SUPP          TXT: RP IN A WHI MERC ON THE SIDE OF THE ROAD
/1624 (SP0274) ONSCNE 19D2
/1624 (SS112 ) *ONSCNE 19D1
/1625 (SP0274) ONSCNE 19S10
/1630 (SS72 ) *ASNCAS 19D2  $SS15002435
/1640          REMINQ 19D2  MDTWANT,JOHNSON,LORI,M,110860,,,WA,,,,,,,,,,,,
/1640          REMINQ 19D2  MDTVEH,AVD8618,,WA,,,,,,,,,,,,
/1640          *MISC  19D2  ,FARMERS 190099954
/1645 (SS13 ) *CLEAR  19S10 D/D
/1653 (SP0274) CLEAR  19D2  D/H
/1653          CLEAR  19D1  D/H
/1653          CLOSE  19D1

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LAKE STEVENS POLICE EVIDENCE UNIT			Primary Officer/Badge Number <i>ANKERMAN *72</i>			Case Number <i>15-02435</i>		
Type of Crime: <u>Felony / Misdemeanor (Circle)</u>			Type of Case: <i>COLLISION</i>			Date/Time: <i>9-28-15 / 1705</i>		
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING			*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification					

Item #   Action #	1	Item <i>CD-R</i> Brand/Model/Caliber <i>COMPRESSORY</i> (Further Description)	Storage Location	Disposition
	3	Serial # <i>7/91 Ave SE</i>	Where Found <i>LKS</i>	Weight of Narcotic
	Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____			
Owner Signature/Other remarks /additional information/ special instructions <i>PICS</i>				Barcode goes here

Item #   Action #	72	Item  Brand/Model/Caliber (Further Description)	Storage Location	Disposition
		Serial #	Where Found	Weight of Narcotic
	Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____			
Owner Signature/Other remarks /additional information/ special instructions				Barcode goes here

Item #   Action #	72	Item  Brand/Model/Caliber (Further Description)	Storage Location	Disposition
		Serial #	Where Found	Weight of Narcotic
	Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____			
Owner Signature/Other remarks /additional information/ special instructions				Barcode goes here

Item #   Action #	72	Item  Brand/Model/Caliber (Further Description)	Storage Location	Disposition
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	Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____			
Owner Signature/Other remarks /additional information/ special instructions				Barcode goes here

Item #   Action #	72	Item  Brand/Model/Caliber (Further Description)	Storage Location	Disposition
		Serial #	Where Found	Weight of Narcotic
	Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____			
Owner Signature/Other remarks /additional information/ special instructions				Barcode goes here

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File